



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

**Requestor Name**

Texas Bone & Joint Center

**Respondent Name**

Texas Mutual Insurance

**MFDR Tracking Number**

M4-14-2323-01

**Carrier's Austin Representative**

Box Number 54

**MFDR Date Received**

March 28, 2014

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "Please note, the above claim has been denied in error as past timely filing... Claim was submitted electronic on 07/31/2013 with no denial or payment received from Texas Mutual. Claim was resubmitted electronically on 08/15/13 and we received correspondence from Texas Mutual dated 09/16/13 claim needed medical documentation to process claim. Claim was resubmitted on 09/27/2013 with medical records attached via mail for processing which we received a denial on 11/07/2013 documentation did not support the level of E/M code billed. CPT code 99214 nor 99080 were either paid and submitted within timely filing."

**Amount in Dispute:** \$212.00

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "The requestor provided E&M services to the claimant on 7/25/13 and then billed Texas Mutual for this with code 99214. Texas mutual received the bill 8/5/13 and denied payment of the bill absent E&M documentation meeting the CPT requirements of the code. The requestor requested reconsideration of the bill on 10/7/13. Texas Mutual continued the initial denial of payment. The requestor submitted a new bill with CPT code 99213 for service date 7/25/13. Texas Mutual received this 2/7/14, 193 days from 7/25/13, and which made the bill untimely. The requestor also on 7/25/13 billed a work status report wit code 99080-73. Texas Mutual declined to issue payment of 99080-73 absent any change in work status from the previous DWC-73 of 7/11/13. There was not substantial change in activity restrictions or change in work status from the DWC-73 of 7/11/13 to the DWC-73 of 7/25/13; therefore, according to Rule 129.5, "...absent such changes the doctor should not file a DWC-73 exceeding one report every two weeks."

**Response Submitted by:** Texas Mutual Insurance

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 3, 2014	99213, 99080	\$212.00	\$0.00

### **FINDINGS AND DECISION**

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

1.28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
3. Texas Labor Code §408.027 sets out the rules for timely submission of claims by health care providers.
4. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical bill.

The services in dispute were reduced/denied by the respondent with the following reason codes:

- 29 – The time limit for filing has expired
- 224 - Duplicate charge
- 193 – Original payment decision is being maintained
- 249 – DWC-73 not submitted; not properly completed and/or missing doctors signature; reimbursement denied per rule 129.5

### **Issues**

1. What is the timely filing deadline applicable to the medical bills for the services in dispute?
2. Did the requestor forfeit the right to reimbursement for the services in dispute?
3. Is the request eligible to receive payment for Work Status report?

### **Findings**

1. 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, "a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the services in this dispute. For that reason, the requestor in this dispute was required to submit the medical bill not later than 95 days after the date the disputed services were provided.
2. The carrier denied the disputed service as 29 – "The time limit for filing has expired." Review of the submitted documentation finds;
  - a. Original claim for 99214 denied on original adjudication and reconsideration
  - b. New bill for 99213 submitted and denied for timely filing

Texas Labor Code §408.027(a) states, in pertinent part, that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery, or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday." Review of the submitted information finds no documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Therefore, pursuant to Texas Labor Code §408.027(a), the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the disputed services.

The DWC-60 submitted with this request for Medical Fee Dispute shows CPT code 99213 to be the code in dispute. Based on the above, the Division finds the carrier's denial is supported and no additional payment can be recommended for CPT 99213

3. The carrier denied the disputed service as 249 – "DWC-73 not submitted; not properly completed and/or missing doctors signature; reimbursement denied per rule 129.5." 28 Texas Administrative Code §129.5 (3) "change in work status" means a change in the employee's work status from one of the three choices listed in subsection (a)(4) of this section to another of the choices in that subsection; and (4) the term "work status" refers to whether the injured employee's (employee) medical condition: (A) allows the employee to return to work without restrictions (which is not equivalent to maximum medical improvement); (B) allows the employee to a return to work with restrictions; or (C) prevents the employee from returning to work and (d) The doctor shall file the Work Status Report: (1) after the initial examination of the employee, regardless of the employee's work status; (2) when the employee experiences a change in work status or a substantial change in activity restrictions; and (3) on the schedule requested by the insurance carrier (carrier), its agent, or the employer requesting the report through its carrier, which shall not to exceed one report every two weeks and which shall be based upon the doctor's scheduled appointments with the employee." Review of the submitted documentation finds;
  - a. DWC – 73 missing date/time of visit
  - b. No information found to support change in work status

The carrier's denial is supported.

### **Conclusion**

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based on the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	December , 2014
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**